

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	dw	68904	2/27/02
O.I.P.E. CLASSIFIER		21	8/4/00
FORMALITY REVIEW	CM	71632	9/7/00
RESPONSE FORMALITY REVIEW	CH	71632	10/10/00

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 — (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final	\$
Original	4
1	✓
2	✓
3	✓
4	✓
5	✓
6	✓
7	✓
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Claim	Date
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If more than 150 claims or 10 actions  
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